



TRANSMITTAL FORM

(to be used for all correspondence during pendency of filed application)

		Application Number	10/010,761
		Filing Date	November 30, 2001
		First Named Inventor	Yusuke Ishii
		Group Art Unit Number	2173
		Examiner Name	Tadesse Hailu
Total Number of Pages in This Submission	26*	Attorney Docket Number	18310-06404

ENCLOSURES (check all that apply)

- | | |
|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate) | <input type="checkbox"/> Issue Fee Transmittal |
| <input checked="" type="checkbox"/> Check Enclosed (\$1,480.00) | <input type="checkbox"/> Letter to Chief Draftsperson |
| <input checked="" type="checkbox"/> Return Receipt Postcard | <input type="checkbox"/> Formal Drawing(s): |
| <input type="checkbox"/> Response to Notice to File Missing Parts | [] Sheet(s) of Figure(s) [] |
| <input type="checkbox"/> Assignment & Recordation Cover Sheet | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Declaration | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> Power of Attorney | <input type="checkbox"/> Certified Copy of Priority Document(s) |
| <input type="checkbox"/> Application Data Sheet | <input type="checkbox"/> After Allowance Communication to Group |
| <input checked="" type="checkbox"/> Information Disclosure Statement & PTO/SB/08A | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Copies of IDS Cited References | <input type="checkbox"/> |
| <input type="checkbox"/> Request for Corrected Filing Receipt | <input type="checkbox"/> |
| <input type="checkbox"/> Request for Correction of Recorded Assignment | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Amendment/Response A: 19 Page(s) | <input type="checkbox"/> |
| <input type="checkbox"/> After Final | <input type="checkbox"/> |
| <input type="checkbox"/> Status Request | <input type="checkbox"/> |
| <input type="checkbox"/> Revocation and Substitute Power of Attorney | <input type="checkbox"/> |

REMARKS: * Number of pages does not include cited references

SIGNATURE OF ATTORNEY OR AGENT

Signature:			
Attorney/Reg. No.:	Amir H. Raubvogel, Reg. No.: 37,070	Dated:	November 1, 2004

CERTIFICATE OF MAILING

I hereby certify that this correspondence, including the enclosures identified above, is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. If the Express Mail Mailing Number is filled in below, then this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service pursuant to 37 CFR 1.10.

Signature:			
Typed or Printed Name:	Amir H. Raubvogel	Dated:	November 1, 2004
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